

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 21, 1999 8:00 am**  
**Secretary of State**

02-21-1999 90037 006 \*\*\*\*61.25

|   |   |   |
|---|---|---|
| <b>NONPROFIT CORPORATION</b><br><b>ANNUAL REPORT</b><br><b>1999</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Katherine Harris</b><br><b>Secretary of State</b><br><b>DIVISION OF CORPORATIONS</b> |
|---|---|---|

**DOCUMENT # N98000003131**

1. Corporation Name

**CENTER FOR NATURAL FAMILY PLANNING, INC.**

Principal Place of Business

6000 S.W. 32 STREET  
MIAMI FL 33155

Mailing Address

6000 S.W. 32 STREET  
MIAMI FL 33155

\* 2 7 2 2 8 4 6 - 9 0 1 2 1 - 1 4 6 \*



|                                |                     |  |
|--------------------------------|---------------------|--|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified  |
| 21                             | 26                  | 05/29/1998   |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. | 4. FEI Number  |
| 22                             | 27                  | 65-0842710   |
| City & State                   | City & State        | Applied For  |
| 23                             | 28                  | Not Applicable   |
| Zip                            | Country             | 5. Certificate of Status Desired   |
| 24                             | 29                  | <input type="checkbox"/> \$8.75 Additional Fee Required                      |
| 25                             | 30                  | 6. Election Campaign Financing   |
|                                |                     | Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LIVINGSTONE, DON R ESQUIRE**  
**7711 S.W. 62 AVENUE**  
**MIAMI FL 33143**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

7711 S.W. 62 Avenue

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|---------------------------------|---|--|
| TITLE                      | <input type="checkbox"/> DELETE | 1.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | RUIZ-CASTANEDA, NORMAN MD       | 1.2 NAME  | RUIZ-CASTANEDA, NORMAN MD  |
| STREET ADDRESS             | 6000 S.W. 32 STREET             | 1.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | MIAMI FL 33155                  | 1.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | MUNTER, PAUL                    | 2.2 NAME  |  |
| STREET ADDRESS             | 8244 S.W. 179 STREET            | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | MIAMI FL 33157                  | 2.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | LIVINGSTONE, DON R              | 3.2 NAME  |  |
| STREET ADDRESS             | 7711 S.W. 62 AVENUE             | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | MIAMI FL 33143                  | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                 | 4.2 NAME  |  |
| STREET ADDRESS             |                                 | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                                 | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                 | 5.2 NAME  |  |
| STREET ADDRESS             |                                 | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                                 | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                 | 6.2 NAME  |  |
| STREET ADDRESS             |                                 | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                                 | 6.4 CITY-ST-ZIP                                       |  |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-99

305-273-1200

Date

Daytime Phone #

CR2E037 (1/98)